ARIZONA STATE BOARD OF H	EALTH State Pile No.
1. PLACE OF BIRTH BUREAU OF VITAL STATISTICS	Registered No.
STANDARD GERTIFICATE OF BIRTH	
County State CT	ryana
District or Township Market or Village	
Balan Hallas	St. Ward On, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.
2. Full haire vi third and a second	Imate 1 7. Date
lin event of phural bliths. So. No., in order of birth Il	of birth ACA 12 193 Month Day Year
8. FATHER 14.	MOTHER
Full name Encornarion Luin Full maiden nam	Belen Sidon
9. Residence (Usual place of abode) Miami 15. Residence (Usual place)	ace of abode; mamiesty as
If non-resident, give place and state a word If non-residen	t, give place and state.
10. Color or race	
Mildican 11. Age at last blithday 27 (Years) Inedia	17. Ago at jast birthday. 2.3 (Years)
la conto	La ambornette
12. Birthplace (city or place) Samuel III. Birthplace	country) SALLELAS MILLIA
totale of council.	Jana Sana Jana Jana
13. Occupation 19. Occupation Nature of Ind	uster of a second
Nature of Industry	Harrison Lo
20. Number of children of this mother. (Taken as of time of birth of child herein (A) Sullbarry	thaimia neonatorum?
certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR	
I hereby certify that I attended the birth of this child, who was allow (Born alive or still	at
or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife.)
(ilven name added from a supplement) report	A Commission of the second
375-1012 Month day, year Registrar. Filed One # 2/19.31	6 6 draw
ATTEST	Baan Porto
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